

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	M/ICS:0113	Total Pages	<u>39</u>
First Named Inventor or Application Identifier			
Neal R. Rueger			
Express Mail Label No.			EL 990 791 596 US

22218 U.S. PTO  
6/682017

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**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.			<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner For Patents PO Box 1450 Alexandria, VA 22313-1450
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification <b>Total Pages 22</b> (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> <li>-Descriptive</li> <li>-Cross References to Related Application</li> <li>-Statement Regarding Fed sponsored R &amp; D</li> <li>-Reference to Microfiche Appendix</li> <li>-Background of the Invention</li> <li>-Brief Summary of the Invention</li> <li>-Brief Description of the Drawings (if filed)</li> <li>-Detailed Description</li> <li>-Claim(s)</li> <li>-Abstract of the Disclosure</li> </ul> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <b>Total Sheets 2</b> <b>Total Pages 6</b></p> <p>4. Oath or Declaration       <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) (for continuation/divisional with Box 17 completed) <i>[Note Box 5 below]</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> </p> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>			<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p>
<b>ACCOMPANYING APPLICATION PARTS</b>			
<p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (where there is an assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other</p>			
17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: /			

**18. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label  Correspondence address below

(Insert Customer No. or Attach bar code label here)

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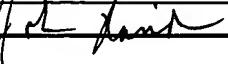
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## FEE TRANSMITTAL

		Complete if Known			
		Application Number		Unassigned	
		Filing Date		Herewith	
		First Named Inventor		Neal R. Rueger	
		Group Art Unit		Unassigned	
		Examiner Name		Unassigned	
TOTAL AMOUNT OF PAYMENT		(\$ 1,496.00)		Attorney Docket Number	
				MICS:0113 (02-1533)	

METHOD OF PAYMENT (check one)						FEE CALCULATION (continued)						
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number <b>13-3092</b> Order No: MICS:0113 (02-1533) Deposit Account Name Micron Technology, Inc.						3. ADDITIONAL FEES						
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)						Large Entity Fee Code (\$) 105 130 205 65 127 50 227 25 139 130 139 130 147 2,520 147 2,520 112 920* 112 920* 113 1,840* 113 1,840* 115 110 215 55 116 400 216 200 117 920 217 460 118 1,440 218 720 119 320 219 160 120 320 220 160 121 280 221 140 138 1,510 138 1,510 140 110 240 55 141 1,280 241 640 142 1,280 242 640 143 460 243 230 144 620 244 310 122 130 122 130 123 50 123 50 126 240 126 240 581 40 581 40 146 740 246 370 149 740 249 370 Other fee (specify) _____ Other fee (specify) _____						
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other												
FEE CALCULATION (fees effective 10/01/03)												
1. FILING FEE												
Large Entity		Small Entity		Fee Description		Fee Paid		Large Entity		Small Entity		
Fee Code	\$	Fee Code	\$	Fee Description		Fee Paid	Fee Code	\$	Fee Code	\$	Fee Paid	
101	770	201	370	Utility filing fee	<u>770.00</u>		119	320	219	160		
106	330	206	165	Design filing fee			120	320	220	160		
107	510	207	255	Plant filing fee			121	280	221	140		
108	740	208	370	Reissue filing fee			138	1,510	138	1,510		
114	160	214	80	Provisional filing fee			140	110	240	55		
SUBTOTAL (1) (\$ 770.00)							141	1,280	241	640		
2. CLAIMS												
Total Claims 39 - 20 = <u>19</u> X <u>18</u> = <u>342.00</u> Independent 7 - 3 = <u>4</u> X <u>86</u> = <u>344.00</u> Claims Multiple Dependent Claims _____ X _____ = _____						Extra Fee from below Fee Paid						
Large Entity		Small Entity		Fee Description		Fee Paid		Large Entity		Small Entity		
Fee Code	\$	Fee Code	\$	Fee Description		Fee Paid	Fee Code	\$	Fee Code	\$	Fee Paid	
103	18	203	9	Claims in excess of 20			146	740	246	370		
102	86	202	42	Independent claims in excess of 3			149	740	249	370		
104	280	204	140	Multiple dependent claim			Other fee (specify) _____		Other fee (specify) _____			
109	84	209	42	Reissue independent claims over original patent			SUBTOTAL (3) (\$ 40.00)					
110	18	210	9	Reissue claims in excess of 20 and over original patent			* Reduced by Basic Filing Fee Paid					
SUBTOTAL (2) (\$ 686.00)												

SUBMITTED BY				Complete (if applicable)			
Typed or Printed Name	John M. Rariden	Reg. Number	54,388				
Signature		Date	OCTOBER 9, 2003	Deposit Acct. User ID	13-3092		